



# Holy Cross Tennis Camp REGISTRATION FORM

June 27-30, 2011 from 9:00 – 11:00 am

For kids ages 7-12

Name of Child 1: \_\_\_\_\_ Name of Child 2: \_\_\_\_\_

Name of Child 3: \_\_\_\_\_ Name of Child 4: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Age of Child 1: \_\_\_\_ Age of Child 2: \_\_\_\_ Age of Child 3: \_\_\_\_ Age of Child 4: \_\_\_\_

1  2  3

1  2  3

1  2  3

1  2  3

*Level of Experience 1 - none, 2 - beginner, 3 - intermediate*

Allergies or Other Conditions: \_\_\_\_\_

How did you hear about Tennis Camp: \_\_\_\_ friend \_\_\_\_ website \_\_\_\_ school/church

Home Church: \_\_\_\_\_

Would you like more information about our church/school? \_\_\_\_ Yes \_\_\_\_ No

Cost is \$10 (includes t-shirt), T-Shirt Sizes:

Youth Sizes:  XS (4)  S (6-8)  M (10-12)  L (14-16)  XL (18-20)

Adult Sizes:  S  M  L  XL  2XL

My child has permission to participate in Tennis Camp at Holy Cross Lutheran Church. In the event of a medical emergency when I, the parent or legal guardian, cannot be reached, I hereby authorize the counselor/coordinator of the event to secure the necessary medical treatment at any hospital, clinic, or doctor's office. I also agree that in no way will the church, counselor/coordinator, be held liable for actions taken in good conscience, and according to standard first aid procedures, in an emergency situation. This release allows us to photograph your child for publicity purposes without the use of their names.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form MUST BE SIGNED by a parent/guardian in order for the child to participate in Tennis Camp.**

**Mail Registration & Money by Monday, June 13 to:**

Holy Cross Lutheran Church  
3425 Crescent Avenue  
Fort Wayne, Indiana 46805